

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/017697	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
11		/					61		
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14		/					64		
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18		/					68		
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30		/					80		
31		/					81		
32		/					82		
33		/					83		
34		/					84		
35	/						85		
36	/						86		
37	/						87		
38	/						88		
39	/						89		
40	/						90		
41	/						91		
42	/						92		
43	/						93		
44		/					94		
45		/					95		
46		/					96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	10						TOTAL IND.		
TOTAL DEP.	36						TOTAL DEP.		
TOTAL CLAIMS	46						TOTAL CLAIMS		

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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